



Welcome to this edition of *Hospital Happenings*, a newsletter published by the North Dakota Department of Health, Division of Health Facilities. *Hospital Happenings* is designed to help hospitals stay up to date on various issues. Please share with your staff.

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Winter 2013



MOST COMMONLY CITED DEFICIENCIES

Following is a breakdown of the most common deficiencies cited in the North Dakota Hospital program from Oct. 1, 2012, through, Sept. 30, 2013.

FEDERAL HEALTH DEFICIENCIES CRITICAL ACCESS HOSPITAL (CAH)

C0278 – PATIENT CARE POLICIES – INFECTION CONTROL PROGRAM

The CAH must have an active surveillance program that includes specific measures for preventing, identifying, reporting, investigating and controlling infections and communicable diseases of patients and personnel within the CAH.

C0241 – GOVERNING BODY OR RESPONSIBLE INDIVIDUAL

The CAH's governing body is responsible for determining, implementing and monitoring policies governing the CAH's total operation and for ensuring those policies are administered so as to provide quality care in a safe environment. The governing body must ensure medical staff appointments/reappointments occur consistent with the approved bylaws and that medical staff adhere to and follow the bylaws approved by the governing body.

C0276 – PATIENT CARE POLICIES – DRUGS AND BIOLOGICALS

The CAH must establish and implement policies regarding the storage, handling, dispensation and administration of drugs and biologicals. The CAH must have a drug storage area that is in compliance with accepted professional standards. Accurate records of the receipt and

distribution of all scheduled drugs must be maintained. The CAH must ensure outdated, mislabeled or unusable drugs are not available for patient use.

C0295 – NURSING SERVICES

A registered nurse must provide, or assign to other personnel, the nursing care of each patient in accordance with the patient's needs and ensure those needs are met by ongoing assessments. Sufficient personnel must be available to respond to the appropriate medical needs and care of the patients being served. The CAH must ensure all nursing personnel assigned to provide nursing care have the appropriate education, experience, licensure, competency and specialized qualifications.

C0302 – RECORDS SYSTEMS

The CAH must ensure medical records are accurate and all orders, test results, evaluations, treatments, interventions, care provided and the patient's response are completely documented. The records must be legible, readily accessible and systematically organized.

C0222 – MAINTENANCE

The CAH must ensure that all essential mechanical, electrical and patient care equipment is maintained in safe operating condition. Ongoing routine and preventive maintenance inspections should be conducted. The condition of the physical plant and environment must be maintained at an acceptable level of quality and safety.

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C0340 – QUALITY ASSURANCE

The CAH must ensure the quality and appropriateness of the diagnosis and treatment provided by the physicians are evaluated. To fulfill this requirement, the CAH must have an arrangement with a network hospital or a Quality Improvement Organization or equivalent entity to perform the evaluation.

FEDERAL LIFE SAFETY CODE DEFICIENCIES CRITICAL ACCESS HOSPITAL (CAH)

K0130 — MISCELLANEOUS

Emergency lighting, transfer switches, and fire dampers must be tested and maintained. Alcohol-based hand-rub solutions must be properly located. Exit and directional signs must be visible from any direction of exit access and continuously illuminated. Portable fire extinguishers must be located within 75 feet of travel from any location in the building; they must be the appropriate type for the area; the fire extinguishers must be tested and maintained.

K0147 – ELECTRICAL WIRING AND ELECTRICAL EQUIPMENT

Flexible cords and cables, including power strips, must not be used as a substitute for fixed wiring.

K0012 – BUILDING CONSTRUCTION TYPE

The building construction type and height must meet the requirements of the Life Safety Code for fire rating and sprinkler protection.

K0029 – HAZARDOUS AREAS

Hazardous areas must be protected. The areas must be enclosed with one hour fire-rated barriers, three-fourths hour fire-rated doors, and without windows or protected with sprinklers. Doors to hazardous areas must be equipped with self-closing/automatic latching hardware.

K0056 – INSTALLATION OF AUTOMATIC FIRE SPRINKLER SYSTEMS

All portions of the building must be adequately covered by the automatic fire sprinkler system.



K0062 – MAINTENANCE OF AUTOMATIC FIRE SPRINKLER SYSTEMS

Automatic sprinkler systems must be maintained, inspected and tested periodically to ensure reliable operating condition.

FEDERAL HEALTH DEFICIENCIES ACUTE HOSPITAL

A0166 – PATIENT RIGHTS: RESTRAINT OR SECLUSION

The patient's plan of care must include a written modification with the use of restraints.

A0395 – REGISTERED NURSE SUPERVISION OF NURSING CARE

A registered nurse must supervise and evaluate the nursing care for each patient on an ongoing basis in accordance with accepted standards of nursing practice and hospital policy.

A0749 – INFECTION CONTROL OFFICER RESPONSIBILITIES

Professional standards must be followed regarding infection control practice including hand hygiene, glove usage, glucose meter cleaning, storage of food scoops, fan cleaning, administering intravenous medications, storing, preparing, and serving foods.

STATE LICENSING DEFICIENCIES GENERAL ACUTE/PRIMARY CARE HOSPITAL

N1804 – EDUCATION PROGRAMS

Ensure staff receive education annually regarding procedures for life-threatening situations, including cardiopulmonary resuscitation (CPR) and lifesaving techniques for choking victims.



NEW SURVEY AND CERTIFICATION LETTERS

The Centers for Medicare and Medicaid Services (CMS) transmits memoranda, guidance, clarifications and instructions to state survey agencies and CMS regional offices through use of survey and certification (S&C) letters. Below is a list of the new S&C letters affecting hospitals since Nov. 2012. The S&C letters are available at: www.cms.hhs.gov/SurveyCertificationGenInfo/PMSR/list.asp#TopOfPage.

S&C 13-03 Patient Safety Initiative FY 2013 Pilot Phase – Revised Draft Surveyor Worksheets. 11/09/2012

CMS is continuing to test revised surveyor worksheets for assessing compliance with three hospital Conditions of Participation: Quality Assessment and Performance Improvement (QAPI), Infection Control, and Discharge Planning.

S&C 13-08 Expiration of the Long-Term Care Hospital (LTCH) Moratorium 1/25/13
The statutory LTCH moratorium expired as of Dec. 29, 2012.

S&C 13-14 Luer Misconnection Adverse Events. 3/08/13

Luer misconnections continue to result in adverse events and deaths. Health-care facilities are encouraged to report problems with Luer misconnections to the FDA, even if no adverse event occurred.

S&C 13-19 Comprehensive Patient Safety Reporting Using Agency for Health-care Research and Quality (AHRQ) Common Formats. 3/15/13

The Department of Health and Human Services Office of the Inspector General (OIG) recommended that the AHRQ and CMS could help hospitals improve their ability to track adverse patient safety events by disseminating information on AHRQ's Common Formats.

S&C 13-20 Guidance Related to Various Rules Reducing Provider/Supplier Burden. 3/15/13.

On Nov. 30, 2011, CMS published the Hospital Out-patient Prospective Payment System rule. The rule included revisions to 42 CFR 489.20(w), governing required notice to patients by hospitals and CAHs that do not have an doctor of medicine (MD) or doctor of osteopathy (DO) present in the hospital or CAH at all times. • On May 16, 2012, CMS published two final rules (77 FR 29002 & 77 FR 29034), which included provisions: For Hospitals: Revisions of the Conditions of Participation (CoPs) concerning governing body, patient's rights, medical staff, nursing services, medical records, pharmaceutical services, infection control, outpatient services and transplant center organ recovery and receipt. • For CAHs: Revisions of the CoPs concerning definitions, personnel qualifications, physical plant and environment, and surgical services.

S&C 13-21 Access to Statements of Deficiencies (CMS-2567) on the Web for Skilled Nursing Facilities, Nursing Facilities, Hospitals, & Critical Access Hospitals. 3/22/13

In March 2013, CMS began posting CMS-2567s for short-term acute care hospitals and critical access hospitals for surveys based on complaint investigations.

S&C 13-26 Clarification of the Critical Access Hospital Criteria for Rural Location and Mountainous Terrain Distance Standard. 4/22/13

CMS is updating Chapter 2 and Appendix W of the State Operations Manual to reflect the guidance issued in SC-11-33, July 15, 2011, regarding the mountainous terrain criteria for distance from hospitals/other critical access hospitals.

S&C 13-27 Update of State Operations Manual Chapter 5, Complaint Investigation. 4/22/13

A full survey of a deemed provider/supplier after a complaint survey with condition-level findings will be made on a selective rather than an automatic basis. All survey reports and related correspondence must be shared promptly with a deemed provider/supplier's accrediting organization. Hospital Restraint/Seclusion

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Death Reporting section is being moved to reflect the fact that the procedures therein apply to all hospitals, not just deemed hospitals.

S&C 13-30 Utilizing the U.S. Bureau of the Census' (Census Bureau) American FactFinder 2010 Census Data for Rural Area Location Determinations - Hospital Swing Beds & Rural Health Clinics (RHC). 5/10/13

A hospital seeking swing bed approval or a clinic seeking RHC certification must be located outside an "urbanized area," as indicated by the Census Bureau. American FactFinder can be used to check specific addresses.

S&C 13-32 Revision to State Operations Manual (SOM), Hospital Appendix A - Interpretive Guidelines for 42 CFR 482.43, Discharge Planning 5/17/13

SOM Hospital Appendix A has been revised to update the guidance for the discharge planning Condition of Participation.

S&C 13-38 Critical Access Hospital (CAH) Emergency Services and Telemedicine: Implications for Emergency Services Condition of Participation and Emergency Medical Treatment and Labor Act (EMTALA) On-Call Compliance. 6/07/13
Telemedicine has great potential to expand availability of specialty care services. However, misconception may cause unnecessary concerns about, or create barriers to, using telemedicine.

S&C 13-46 Changes to State Survey Agency Responsibilities in Obtaining Information for Civil Rights Clearances for Initial Certifications and Changes of Ownership (CHOWs). 7/12/13
This memo supersedes S&C 09-57. The OCR Civil Rights Certification Information Request Packet (Civil Rights Packet) is to be included with the initial enrollment package that is sent to a potential provider or to a provider undergoing a CHOW.

S&C 13-48 Organ Procurement Organizations (OPO) Agreements with Hospitals 7/26/13

Hospital regulations at 42CFR 482.45 (a)(1) require that all hospitals have written agreements in place with their OPO to notify them of an imminent death or of a death which has occurred.

S&C 13-52 Approval of the Center for Improvement in Health Care Quality's (CIHQ) Hospital Accreditation Program. 8/09/13

CMS announces its decision to recognize and approve CIHQ's Medicare hospital accreditation program for hospitals seeking to participate in the Medicare program via deemed status. CIHQ's approved program does not apply to psychiatric hospitals or critical access hospitals.

S&C 13-60 Acquisitions of Providers/Suppliers with Rejection of Automatic Assignment of the Medicare Provider Agreement: Implications for Timing of Surveys and Participation Effective Date. 9/06/13
42 CFR 489.18(c) provides for automatic assignment of the current Medicare agreement to a new owner.



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